# 201708070200245825

# FEC FORM 2 STATEMENT OF CANDIDACY

SPORD PART OF THE SENATE

17 AUG -7 AM 11: 47

(a) Name of Candidate (in full) Gillibrand, Kirsten, Elizabeth,										
(b) Address (number and street) 52 East Road		address change	ed	Candidate's FEC Identification Number     S0NY00410						
(c) City, State, and ZIP Code				3. I	s This		New			Amended
Brunswick		NY 121			Statement	<u>Ц</u>	(N)	OR	×	(A)
Party Affiliation	5. Office Sought		6. State & Dis	strict of C	andidate					
DEMOCRATIC PARTY	Senate		NY							
DE	SIGNATION OF	PRINCIPA	L CAMPAIG	N CO	MMITTI	EE				
I hereby designate the following na	med political committee	e as my Principa	at Campaign Com	nmittee f	or the	2018 ar of el	ection	electio	n(s).	
NOTE: This designation should be	filed with the appropria	te office listed in	the instructions.							
(a) Name of Committee (in full)	·									
Gillibrand for Senat	е									
(b) Address (number and street) 126 C Street, NW	<u> </u>			_				·		
2nd Floor										
(c) City, State, and ZIP Code	<del></del>									-
. ,			DC		20001					
Washington			Ю	•	20001					
	•	ng Joint Fundrais	sing Representati	ives)			expen	d funds	on bel	nalf of my
I hereby authorize the following na candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)	(Including the committee, which filed with the principal	ng Joint Fundrais	sing Representati cipal campaign ∝	ives)			expen	d funds	on be	nalf of my
I hereby authorize the following na candidacy.  NOTE: This designation should be	(Including the committee, which filed with the principal	ng Joint Fundrais	sing Representati cipal campaign ∝	ives)			expen	d funds	on bei	nalf of my
I hereby authorize the following na candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)	(Including the committee, which filed with the principal	ng Joint Fundrais	sing Representati cipal campaign ∝	ives)			expen	d funds	on be	nalf of my
I hereby authorize the following na candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  Gillibrand Victory F  (b) Address (number and street)	(Including the committee, which filed with the principal	ng Joint Fundrais	sing Representati cipal campaign ∝	ives)			expen	d funds	on be	nalf of my
I hereby authorize the following na candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  Gillibrand Victory F  (b) Address (number and street)  124 Washington Street	(Including the committee, which filed with the principal	ng Joint Fundrais	sing Representati cipal campaign ∝	ives)			expen	d funds	on be	nalf of my
I hereby authorize the following na candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  Gillibrand Victory F  (b) Address (number and street) 124 Washington Street Suite 101	(Including the committee, which filed with the principal	ng Joint Fundrais	sing Representati cipal campaign ∝	ives)			expen	d funds	on be	nalf of my
I hereby authorize the following national candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  Gillibrand Victory F  (b) Address (number and street) 124 Washington Street Suite 101  (c) City, State, and ZIP Code Foxboro	(Including the committee) (Including the com	ng Joint Fundrais	sing Representaticipal campaign contittee.	ommittee	o, to receiv	e and				nalf of my
I hereby authorize the following na candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  Gillibrand Victory F  (b) Address (number and street) 124 Washington Street Suite 101  (c) City, State, and ZIP Code Foxboro	(Including the committee, which filed with the principal	ng Joint Fundrais	sing Representaticipal campaign contittee.	ommittee	02035	e and				nalf of my
I hereby authorize the following na candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  Gillibrand Victory F  (b) Address (number and street) 124 Washington Street Suite 101  (c) City, State, and ZIP Code Foxboro	(Including the committee) (Including the com	ng Joint Fundrais is NOT my prince campaign comm	sing Representaticipal campaign contittee.	ommittee	02035	e and				nalf of my
I hereby authorize the following national candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  Gillibrand Victory F  (b) Address (number and street) 124 Washington Street Suite 101  (c) City, State, and ZIP Code Foxboro	(Including the committee) which filed with the principal fund	ng Joint Fundrais	sing Representaticipal campaign contittee.  MA  of my knowledge	ommittee	02035 lief it is true	e and	ect and	d comple	ete.	
I hereby authorize the following na candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  Gillibrand Victory F  (b) Address (number and street) 124 Washington Street Suite 101  (c) City, State, and ZIP Code Foxboro  I certify that I have existing a street of Candidate  Kulk L	(Including the committee) which filed with the principal fund	ng Joint Fundrais	sing Representaticipal campaign contittee.  MA  of my knowledge	ommittee	02035 lief it is true	e and	ect and	d comple	ete.	
I hereby authorize the following na candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  Gillibrand Victory F  (b) Address (number and street) 124 Washington Street Suite 101  (c) City, State, and ZIP Code Foxboro  I certify that I have existing a street of Candidate	(Including the committee) which filed with the principal fund	ng Joint Fundrais	sing Representaticipal campaign contittee.  MA  of my knowledge	ommittee	02035 lief it is true	e and	ect and	d comple	ete.	

FEC Form 2S (Revised 02/2017)

### Optional Supplemental Page for Designation of Additional Authorized Committees

Page	2	of	2
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### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	Gillibrand McCaskill Senate 2018							
	(b) Address (number and street) 124 Washington Street Suite 101							
	(c) City, State, and ZIP Code							
	Foxboro MA 02035							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							

CALINDRA NO. MD ZOF CAP DISTRICT

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DANA K. MACCALLUM SUPERINTENDENT

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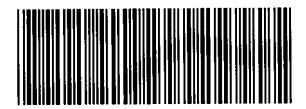
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